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Volume 26, Number 2

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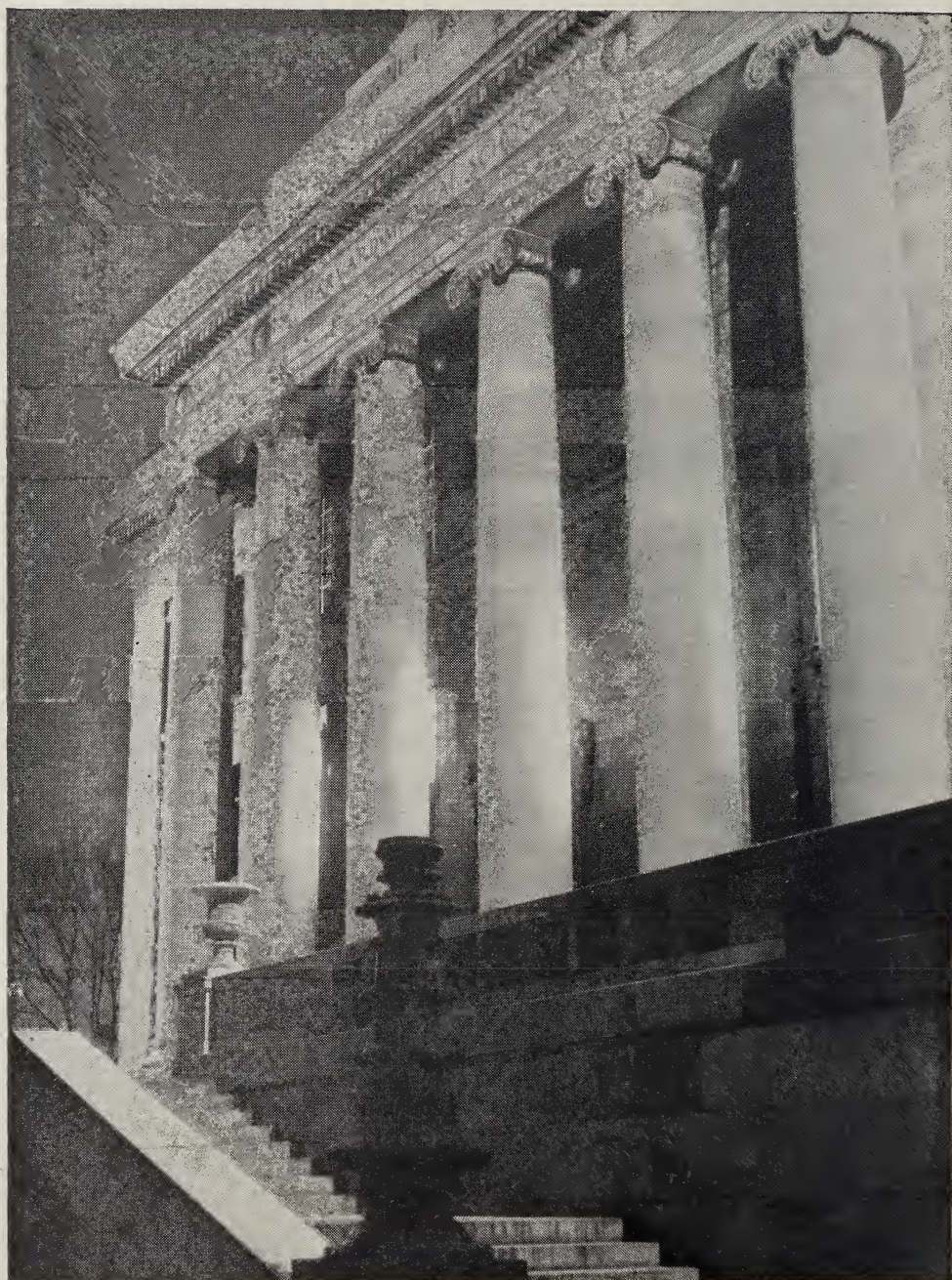
NUMBER 2

J. Englebert Dunphy, '33, Editor; Reginald Fitz, '09, Joseph Garland, '19, Richard Warren, '34, Associate Editors; Curtis Prout, '41, Business Manager; Mrs. K. B. Wilson, Assistant to the Editor.
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Centrifugal force prevents clotting.

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*The Cancer Research Institute of The New England Deaconess Hospital**

SIDNEY FARBER, '27



Fabian Bachrach

SIDNEY FARBER

We celebrate today an event of major importance in the world of medicine, the impact of which is destined to be transmitted in terms of health and happiness wherever civilization is able to reach. The opening of the Cancer Research Institute of the New England Deaconess Hospital is an expression of the confidence of the United States Government in a private institution; it is an indication of optimism concerning the possibilities of cancer research; it represents the realization of the dreams of one of the medical leaders of our time. This, then, is a happy occasion which brings honor and pleasure to all who have the privilege of participation.

No isolated endeavor is this new Institute. It is situated in a medical center in

a city renowned for its great hospitals and medical schools and educational institutions of many kinds. It is attached to a hospital world-famed for its care of the sick, for the brilliance and efficiency of its surgical attack upon disease and for the contributions of its research and diagnostic laboratories. It is associated with the Medical School and the School of Public Health of Harvard University. Through its director and staff it has joined itself by bonds of friendly cooperation with many other institutions to make possible the greatest progress in cancer research while avoiding unnecessary and wasteful duplication of manpower and equipment.

What is the plan of this new Institute of Cancer? The renowned Tumor Clinic of the New England Deaconess Hospital is housed here with provisions for out-patient care and treatment of patients with cancer. There are facilities for the expert and early diagnosis of cancer through the staff of the Laboratory of Pathology of the Harvard Cancer Commission. For more than a quarter of a century this Commission has given the doctors of this part of the world diagnostic advice and assistance. Through Dr. Shields Warren and Dr. Olive Gates these efforts have raised the standards of cancer surgery and have inspired the formation of similar laboratories in many parts of the world. The results of cancer research of importance to early diagnosis, prevention of serious complications or development of new methods of treatment must be transmitted quickly for the benefit of the patient. For this reason, the Harvard School of Public Health Division of Cancer Control Administration forms a part of the new Institute, in a program which should make for much more effective application of medical knowledge for the benefit of the patient with cancer. It was Claude Bernard who pointed out that hospitals served only as the entrance to sci-

*Remarks delivered at the opening of the Institute, June 5, 1951. Dr. Farber is professor of pathology, Harvard Medical School at the Children's Medical Center, and scientific director of the Children's Cancer Research Foundation.

entific medicine. He regarded them as the first field of observation which a physician enters, but made clear that the true sanctuary of medical science is the laboratory. And so, in this Institute there are laboratories where the techniques of physics, chemistry and biology are utilized in a program of experimental pathology designed to yield much needed information concerning the nature and cure of cancer.

The erection of this Institute was made possible by the people of the United States, whose spokesmen included a group of civilian medical advisors and experts from the National Cancer Institute of the United States Public Health Service. When this committee had the opportunity to allocate funds for the creation of cancer research facilities in the United States, there was no hesitation on their part in deciding upon this location. This decision was reached despite the fact that many other institutions in the city of Boston were concerned with the problems of cancer. They realized that all the more progress might be expected in such an environment; furthermore, geographic considerations are of no importance since the results of research in any one place may influence the lives of people throughout the world. They were impressed by the character of the hospital with which this Institute would be associated. And finally, they were influenced by the broad and inspiring plans of its director, Shields Warren, by their knowledge of his character, training and ability and by their belief that his leadership would result in the bringing together of a splendid team of doctors and medical workers. These public funds were given to a private institution, therefore, for the good of the people of the United States and so of the world, with no restrictions or modifying clauses except those embodied in the good wishes and hopes of the United States Public Health Service for those who would have the privilege of working in this splendid Institute. In this act, then, lies one of the answers on the role of the Government in the improvement of the

health of our people. All of us will agree that our Government has made a magnificent investment. All of us will agree, too, that in the acceptance of these Federal funds this hospital has not only maintained its integrity as a private institution, but has strengthened tremendously its capacity for service.

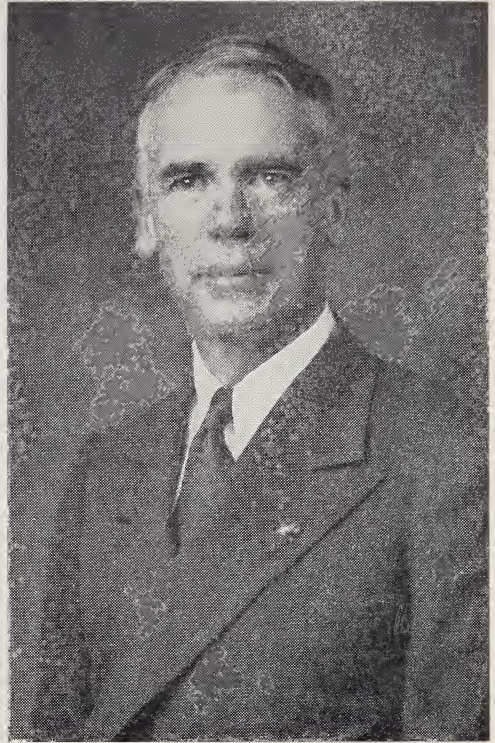
It is clear that the opening of this Institute today represents only one chapter in its history. There are organizations which are great on the day of their inception. Such is the case with the Cancer Research Institute of the New England Deaconess Hospital. The staff is a notable one. They will not only forgive me but will rejoice with me if we consider briefly the one who is most responsible for this occasion.

Shields Warren prepared for this responsibility by an experience rich beyond description in medicine, in the several divisions of science and in his unselfish labors in behalf of his fellow man. As pathologist, teacher, physician, research worker, officer in the Navy, member of important national committees concerned with pathology, cancer, medicine and public welfare, and finally as director of one of the greatest medical and national achievements—the Division of Biology and Medicine of the Atomic Energy Commission—Dr. Warren has served with distinction. It was Dr. Joslin who said in 1930, in an introduction to Dr. Warren's now classic book on the Pathology of Diabetes Mellitus: "I am thankful that this Pathologist is young; can look with the unbiased, critical mind of youth upon the past . . ." I am thankful today that the scientific director of the new Institute is younger today in spirit, in outlook and in hope than when these words were written more than twenty years ago. For in his youthful outlook toward cancer, grounded firmly on a vast experience with that disorder, and in his youthful eagerness in assimilating the newer knowledge and techniques which have come from the world of physics and chemistry, there is a controlled optimism for all who come within his influence. Bi-

ologist by original training, steeped in the vernacular of chemistry and physics and above all a physician—this is the man whose dreams of more than 25 years are realized in the opening of this Institute today. In consideration of his achievements and his devotion to his country, to medicine, to science and to our civilization, he has carved a place for himself which is unique in the world today.

The whole aspect of cancer research has changed in the 25 years since Dr. Warren first conceived his plan for a cancer institute. May we recall a situation which obtained just one hundred years ago? The natural philosophy of Schelling dominated the world of science and so of medicine. In the intellectual revolution which culminated in the displacement of the speculation of the arm chair savant by objective descriptions and insistence that conclusions concerning the nature of disease be made strictly according to the natural laws of cause and effect, Rudolph Virchow, the father of pathology, paved the way for modern medicine and a scientific approach to disease. The great Henle in 1841 had already concluded that diseases are only modifications of known processes and lawful reactions of organized matter to abnormal external influences.

The views of Hippocrates and of Galen on the nature of disease had dominated through the force of tradition with no truly important alteration in the direction of medical thinking until this intellectual revolution was completed one hundred years ago by that small number of men of whom Virchow may be taken as representative. To them we owe also the introduction of the natural sciences into the field of medicine. Progress in medicine and in science is not a matter of constant daily improvement, according to a regular pattern and at a regular pace. There are periods of quiescence, stagnation and retrogression and periods of long, slow, hard plodding, punctuated by progress of unpredictable magnitude. Repeatedly great discoveries in fields completely unrelated to medicine



Alfred Brown, Brookline, Mass.

SHIELDS WARREN

have made possible advances undreamed of just a short time before.

In the first part of this century a small group of pathologists, of whom the late great James Ewing may be taken as representative, devoted their lives to the accumulation of an experience based upon careful descriptive analysis, with clinical correlations. By the early twenties when a small number of younger pathologists, of whom Dr. Warren was one, began to build upon the strong foundation erected by the Ewings who preceded them, there began to emerge a pattern of research in cancer of greatest importance to medical practice today. It was necessary first to displace the speculative philosophy which still dominated the decisions of surgeons and pathologists by sound knowledge concerning the life history and biologic behaviors of tumors. From such studies there arose a fund of knowledge which gave to the surgeon and to the radiologist for the first

time a rational means of selecting a precise form of therapy. The great results following surgical removal of tumors and the effect of radiation therapy are known to all of us. Many forms of cancer are curable and the list of those who have been cured by the techniques of surgery alone, or surgery and radiation, is a long and heartening one indeed.

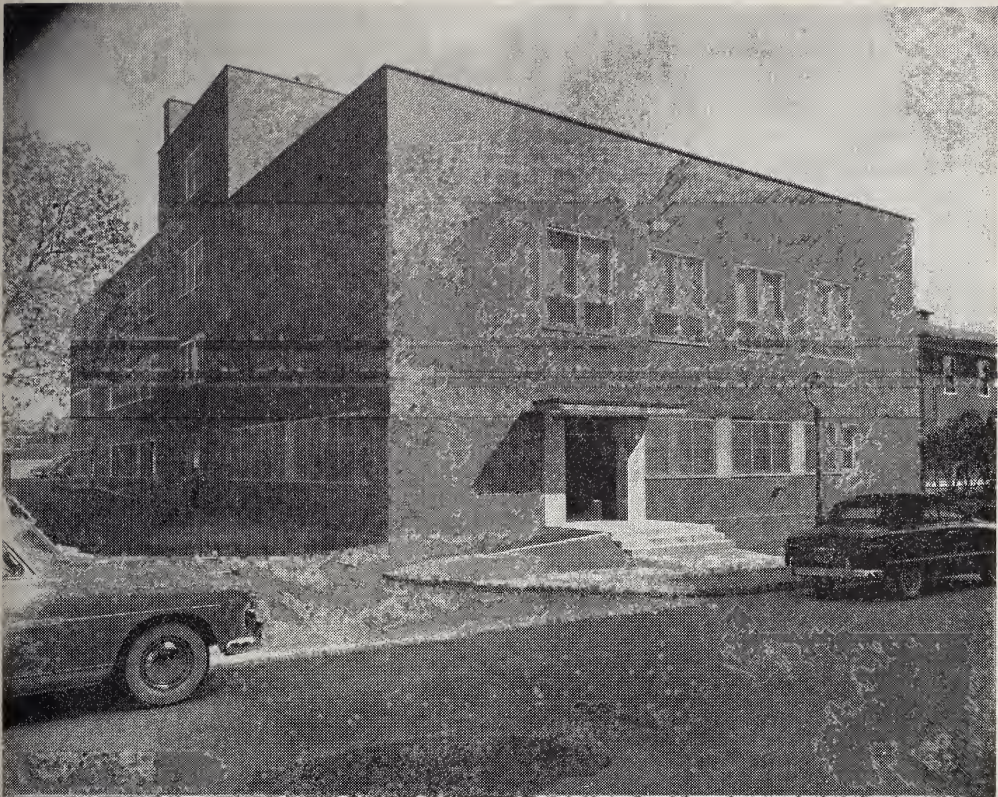
Several directions of recent research have left their mark upon cancer research today. Twenty-five years ago, when Dr. Warren began his valuable studies on the effect of radiation upon the tissues and organs of the body, he seems almost to have realized that the atomic age was imminent. When it did come, he was prepared for it. So today the many new tools which atomic energy has made possible and which promise much for the future of cancer research are represented in this Institute in the hands of experts who know how to deal with them and who will apply them for the eventual benefit of the patient.

The great activity in the 1930's made possible by the synthesis of a whole series of cancer-producing hydrocarbons added much of fundamental importance to our knowledge concerning the early alteration in cells which precede the formation of cancer. So much preoccupation with the causation of cancer in the experimental animal by the use of chemical substances was a confession, too, that the time was not yet ripe for the utilization of chemical substances—not for the causation, but for the destruction of cancer. Such an attack had to wait for progress in the fields of chemistry and physics, nutrition and hematology and for further knowledge concerning the life history and biologic behavior of tumors. Such progress had to wait, too, for the provision of proper facilities for cancer research and for the availability of sufficient funds to support the splendid minds which are ready and waiting the world over for an opportunity to investigate questions still of such prime importance. By the middle 1940's the fortunate intersection of these two lines—the availability of new

knowledge and the availability of facilities—marked the beginning of acceleration of progress in the chemotherapy of cancer. The patient pioneer work of men such as Shear at the National Cancer Institute and of groups such as those at the Memorial Hospital, New York City, to mention just two, had shown the effectiveness of the study of chemical substances on the growth of transplanted tumors in the mouse. It is understood, of course, that the purpose of cancer research is not the cure of cancer in the mouse. The results of such fundamental work must be carried to man.

The tools of atomic energy are just beginning to be employed in behalf of the patient with cancer or for the prosecution of research concerning the nature of cancer. It seems permissible to predict that contributions of fundamental value to our understanding of the nature and treatment of those disorders grouped under the term of cancer must emanate from institutes properly equipped and staffed by experts capable of using these new tools.

The time for rapid progress is now here. The team play of skilled workers from industry, from schools of technology and from the basic sciences, more adequate facilities, new tools, directions of research of proved value—all combine to make that certain. Chemical substances, hormones and radioactive materials have been discovered within the last few years which have an important, albeit temporary, effect upon many different kinds of cancer, not only in the mouse but also in man. The temporary disappearance of disseminated "incurable" cancer, as a consequence of the action of chemicals, hormones or radioactive substances for periods varying from a few months to a few years, may be regarded with rejoicing or with skeptical pessimism. Recent progress is based upon solid research, upon the contributions of countless research workers in many disciplines and upon sound knowledge concerning the life history and biologic behavior of cancer. Further progress in the treatment of "incurable" cancer is certain



Fay Foto Service, Inc., Boston

THE CANCER RESEARCH INSTITUTE NEW ENGLAND DEACONESS HOSPITAL

to come. It is only the hour which will mark the next forward step that we are unable to name.

The production of even temporary effects on cancer incurable by the techniques of surgery or radiation by the administration of chemical substances, hormones or radioactive materials has led to a renewal of interest in the patient with advanced cancer. There has been developed in his behalf the principle of *total care*. Such care includes the application of all the techniques of medicine and surgery for the comfort, well-being and prolongation of life of the patient with advanced cancer, attention to his social and economic problems and to the mental peace of his family, efforts to adjust the patient to his problem and finally, as part of such total care, the administration of chemicals, hormones or physical agents, as soon as possible after careful study in the laboratory. For the patient and his family, the results are be-

yond description. The patient with advanced cancer is not afraid to die; he is afraid only that the fight in his behalf will be abandoned. Total care of the patient with advanced and incurable cancer can be given only by a group of doctors and nurses representing the several areas of medicine and surgery working together as a well-organized team in behalf of the patient. Such care obviously requires the facilities of a well-equipped hospital. Total care can include the results of research only when given in close proximity to an institute of cancer research.

Cancer is today a matter of great public interest—and correctly so. The public asks for and is entitled to receive information concerning progress. One of the great functions of the cancer institute may be the evaluation of reports, either of new diagnostic methods or of new therapeutic agents. In addition to contributions of its own original work, we may expect that

this new Institute will offer its critical opinions concerning progress made by others and will contribute, too, to the rapid dissemination of new knowledge, no matter what the source. The unfortunate lag between discovery in the field of cancer research and application to the patient with incurable disease must be obliterated.

And so we celebrate with happiness and with hope the opening of a great institute of cancer research. We await with eagerness the statement of its scientific aims from the director of this new Institute. We recall that the speculative philosophy which throttled medicine just one hundred years ago was overthrown by those who used the methods of natural science in an objective approach to the nature and cause of disease. The mysterious wrappings which envelop the subject of cancer, the metaphysical terminology so often employed, the superstitious fear reminiscent of old wives' tales and the hushed atmosphere which surrounds the news that some-

one has cancer must disappear before the force of lay education and scientific progress.

The outlook is a bright one. Optimism is permissible on the basis of proved accomplishments even in areas regarded yesterday as hopeless. May we urge that secrecy be banished with mystery! Let us speak of cancer as a group of disorders to be studied, investigated and treated as objectively and as dispassionately as though we were speaking of tuberculosis or pneumonia or the several forms of meningitis. May we not regard the opening of this Institute of Cancer Research as one more important reason for maintaining a controlled optimism, a guided enthusiasm and an objective determination? On such a basis is it not permissible to conclude when we measure the problem of cancer that this scourge, too, will vanish from the earth? That this, some day, will come to pass, there is no doubt. The opening of this new Institute will surely speed that day.



1927 COMMITTEE PLANNING THEIR 25TH REUNION

Langdon Parsons, Alexander Marble; Thomas H. Lanman, '16, *Director of Alumni Relations*; Louis K. Diamond, Sidney Farber, Charles J. E. Kickham, *Class Secretary*.

Impressions of a Medical Consultant In The Far East

LAURENCE B. ELLIS, '26

ASSISTANT CLINICAL PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL

When the Pan-American DC-4 set me down at the Tachikawa Airport thirty miles from Tokyo on September 14, 1951, the first 10,000 mile leg of my 32,000 mile tour of Army medical installations in the Far East was over. Thirty days later I was headed home after visiting hospitals throughout Japan, Korea and Okinawa and discussing the medical situation with the surgeons and other officers of various commands. The purpose of my mission as Civilian Medical Consultant to the Surgeon General was to "promote and improve further the quality of medical care and instructions in Army medical installations"; in work-a-day English that meant bringing the young doctors on active duty a fleeting contact with civilian medical teaching and giving an eye to the general standards of medical care as practiced today by the Army. Though my contacts were of necessity superficial, they were all encompassing so that what this report lacks in depth it perhaps makes up in scope. This is my excuse for presenting it to the many medical men who have had a protracted period of service in this theatre.

Standards and efficiency of medical care in the Army in this area are excellent. There are many factors which contribute to this state of affairs, but important among them is the maintenance of the system of professional consultants. During World War II the consultant system was brought to a highly effective operational level in many of the theatres. These consultants, for the most part in uniform, were usually able specialists from civil life who advised theatre and base surgeons regarding professional matters concerned with the care and treatment of the sick and wounded and the proper assignment of medical officers with specialized train-

ing. When hostilities ceased in 1945 there was a rapid exodus from the service of most men with advanced specialty training, as well as the consultants themselves, and the Army was left with the problem of maintaining a considerable medical establishment with only a group of young medical men with a brief interne training together with a small corps of regulars who for the most part had not had much training as medical specialists. Wisely, the Surgeon General did two things. He established a residency training program for regular Army officers and continued the consultant system both in the United States and the overseas commands. Civilians, in the main men who had had experience as consultants during the war, were sent on brief tours overseas. Their value has been very great, not only for the teaching they have done and the morale factor, but because they have served as a bridge between civilian and army medicine. It is greatly to the Army's credit that they have not only allowed their performance to be measured by exacting civilian standards, but have measured up so well.

The residency training program was so effectively carried through that by 1950 there was a very substantial number of Regular Army medical officers who had completed their requirements for and in many cases had been certified by the various specialty boards.

The pay-off came in June, 1950, with the outbreak of the Korean "incident." An army greatly depleted of professional medical personnel was faced with the necessity of fighting a war. That the Medical Corps met this challenge magnificently is a matter of record and is in no small measure due to the trained group of Regular Army professional men who bore the

brunt of the medical work in the early days and still occupy the key posts of responsibility as chiefs of service in hospitals as well as in the field. Civilian doctors who have been called up since have performed splendidly and are indispensable. Many have had excellent specialist training. For the most part they are relatively young in years and inexperienced in the procedures peculiar to military medicine. What is essential is to have men at the top with the viewpoint of the physician, the maturity and judgment to administer a service and knowledge of the special problems of the Army. The Army has supplied these from its regular corps—for the most part very well.

When I arrived in Japan I was very soon impressed with this. It seemed to me that almost everywhere I went the hospital commanders and chiefs of service held the novel belief—by no means universally held in World War II—that the primary mission of a hospital is to care for the sick and wounded. The physical plants of the hospitals are adequate and the equipment and supplies surpass what is available in many American civilian hospitals. It was pleasing to see that journals were arriving promptly and in good supply and many of the hospitals, in particular the Tokyo Army Hospital, had truly impressive medical libraries. Alas, the same could not be said of Korea. There, even in the southern parts around Pusan, the inadequacy and often the bizarre nature of the journal and book supply was all too reminiscent of overseas in 1944. One of the station hospitals in Pusan was gladdened recently to receive a consignment of books. The weightiest tome among them was entitled "Fancy Horseshoeing." It should be added, however, that essential medical equipment and supplies are coming through very well throughout Korea.

The skills of medical officers are being utilized as effectively as the peculiarities of Army medicine permit. Of necessity, newly arrived medical officers are classified according to the formal training they

have had. Though such classification tells little about the personality, maturity or even intelligence of these men, it is difficult to see how any better system could be devised. Every effort is made to assign the men properly. Mistakes are made, but misassignments are more often due to the inevitability of military requirements—too many pegs for certain holes, and many essential holes (especially in the field) that have to be filled. The consultant system is the balance wheel which makes these assignments work, for the consultants are the middle-men between the needs of the hospitals and the individual medical officers and can mitigate the awful robot activities of non-medical personnel assignments.

Korea is farther from Japan, from the point of view of essentials of living and working, than Japan is from the United States. Assignment in Japan is to a pleasant foreign country far away from home; Korea is a land at war, devastated by war. Few are the medical officers who prefer assignment to Korea, although it is here that much of the active medical work takes place. The Army has a policy of rotating men between Korea and Japan or the United States and the farther forward in Korea the greater the priority in leaving. For the most part the policy has been carried through, although shortage of medical officers and, it must be admitted, red tape, has held the rotation up in some individual cases. When I was there the personnel situation was in flux. The Army had met its promise of returning to the Navy the 500 odd doctors who were so vital in filling the breach until the Army could fill its own gaps. It was returning many young doctors to complete their residency training. Many young men fresh from civilian life were arriving; but the situation was settling down and by now I trust the rotation policy has been firmly clarified and implemented. Because of this fluid situation it was hard for me to judge regarding the number of medical officers in relation to need. Certainly in Septem-



HELICOPTER USED FOR EVACUATING CASUALTIES FROM FRONT LINES



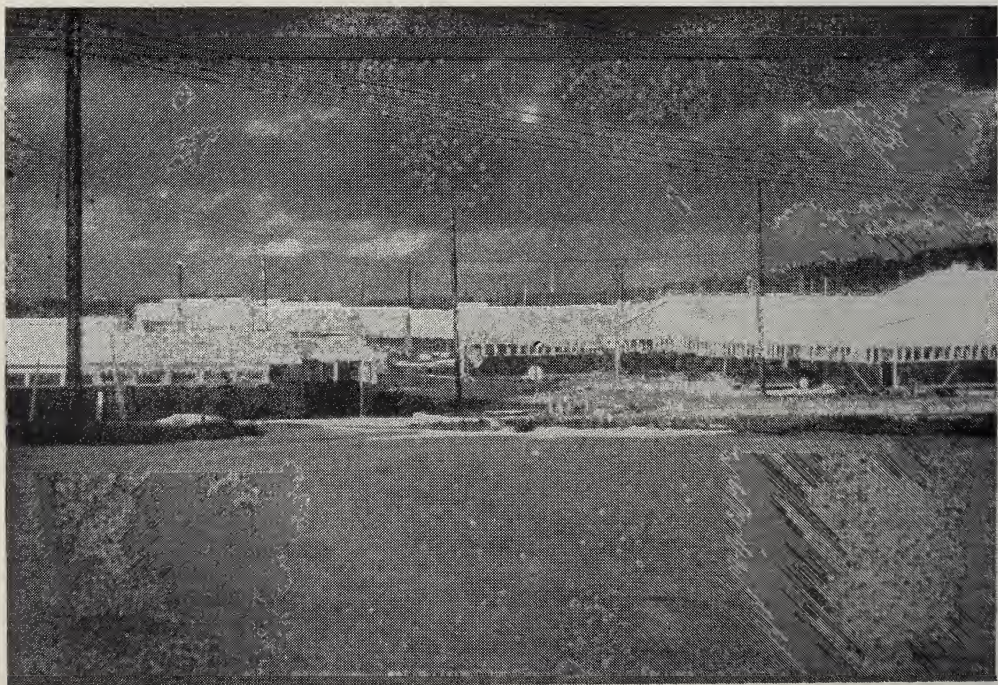
ber and October there was no deficiency.

The well-publicized statistics on the low mortality rates for the wounded are evidence of the first-class job that the Army Medical Department is doing. The improvement in mortality figures over World War II cannot be explained solely by the character of the warfare, with the comparative absence of heavy artillery and bombing. The prompt evacuation of the wounded from the front lines, in many cases by helicopter, to the mobile surgical hospitals where definitive surgery can be done, and the equally efficient air evacuation to Japan, and, if necessary, the United States, are certainly factors. Of more direct interest to me as a medical man was the record in controlling disease. In a country rife with parasitic and infectious disease, and lacking sanitation, an outstanding job has been done in controlling such diseases in our troops. This is to the credit of all echelons involved in preventive medicine. Not least among these are the line officers who have appreciated the

importance of enforcing sanitary measures.

The patient census on the medical services of most of the hospitals in Japan was very light. Hepatitis, as always in wartime, continues to be an ever present, unsolved disease, of military importance because of the long hospitalization required. Patients with hepatitis have been concentrated in one hospital in Kyoto where an intensive study is now in progress to evaluate the importance of prolonged bed rest, and of various diets and dietary supplements. Little homologous serum jaundice has been seen in patients hospitalized in the Far East and chronic or recurrent hepatitis is rare. Kyoto, incidentally, is the Mecca of Japan, the focal point of cultural and religious shrines and the center of the decorative arts industry—fabrics, lacquer and cloisonné.

The new disease of this conflict—new at least to American medical experience—is epidemic hemorrhagic fever. The first recognized cases occurred in the summer of 1951 along the battle-lines. Most of the



AMERICAN MILITARY HOSPITAL AT OKINAWA

patients have gone through one of our evacuation hospitals where careful clinical studies have been made. These have been supplemented by pathological and viral studies in the central Medical Laboratory at Tokyo and by the Preventive Medicine Division. In spite of this, the cause and transmission have not been identified, although the Japanese, who encountered the disease in Manchuria in 1940, believed it to be a mite-borne viral disease. It is characterized by an initial febrile period followed by diffuse hemorrhages, with death mainly from renal or acute heart failure. No known treatment is effective. The death rate approaches 15 percent of the diagnosed cases. I suspect many milder cases have been missed. Although the number of cases that have occurred is not large, it constitutes a potential medical threat.

The real gold-mine of medical pathology lies in the hospitals servicing the prisoners of war. One of these at Pusan, the combined 3rd and 14th Field Hospitals, had upwards of 9,000 patients, more

than a third with tuberculosis. The other is the 64th Field Hospital located in the POW compound on the island of Kojedo lying off Pusan harbor. All types of disease states are found here in great numbers. Of special interest are the many patients with lung flukes, paragonomiasis, whose chest plates resemble those of persons in the last stages of tuberculosis, but who tolerate this disease with little difficulty for the most part.

Tuberculosis is a major problem among the civilian populations in South Korea and Japan, one which inevitably will be reflected to some extent in the health of some Americans who have been stationed there for protracted periods.

Everywhere on my tour, I was met with the greatest courtesy and with a hearty welcome which I am sure was genuine. This naturally contributed greatly to make my journey a very pleasant one. More than that it is significant of the fact that Army medicine is proud to let itself be looked over, because it is sure it has done a good job. And it has.

Aesculapian Club

FIFTIETH ANNIVERSARY 1902 - 1952

The 50th anniversary of the Aesculapian Club will be celebrated on *Tuesday, May 27, 1952*. On this occasion, there will be a luncheon which will include wives and guests of members, followed by a series of brief discussions. The general subject will be "What's Wrong with Harvard?" and participants will include members who have taken teaching positions in other schools. There will be adequate opportunity for rebuttal from Dean Berry and other members of the Faculty. The motive behind the choice of subject is to garner ideas, particularly from those who have had an opportunity to view the problem from a

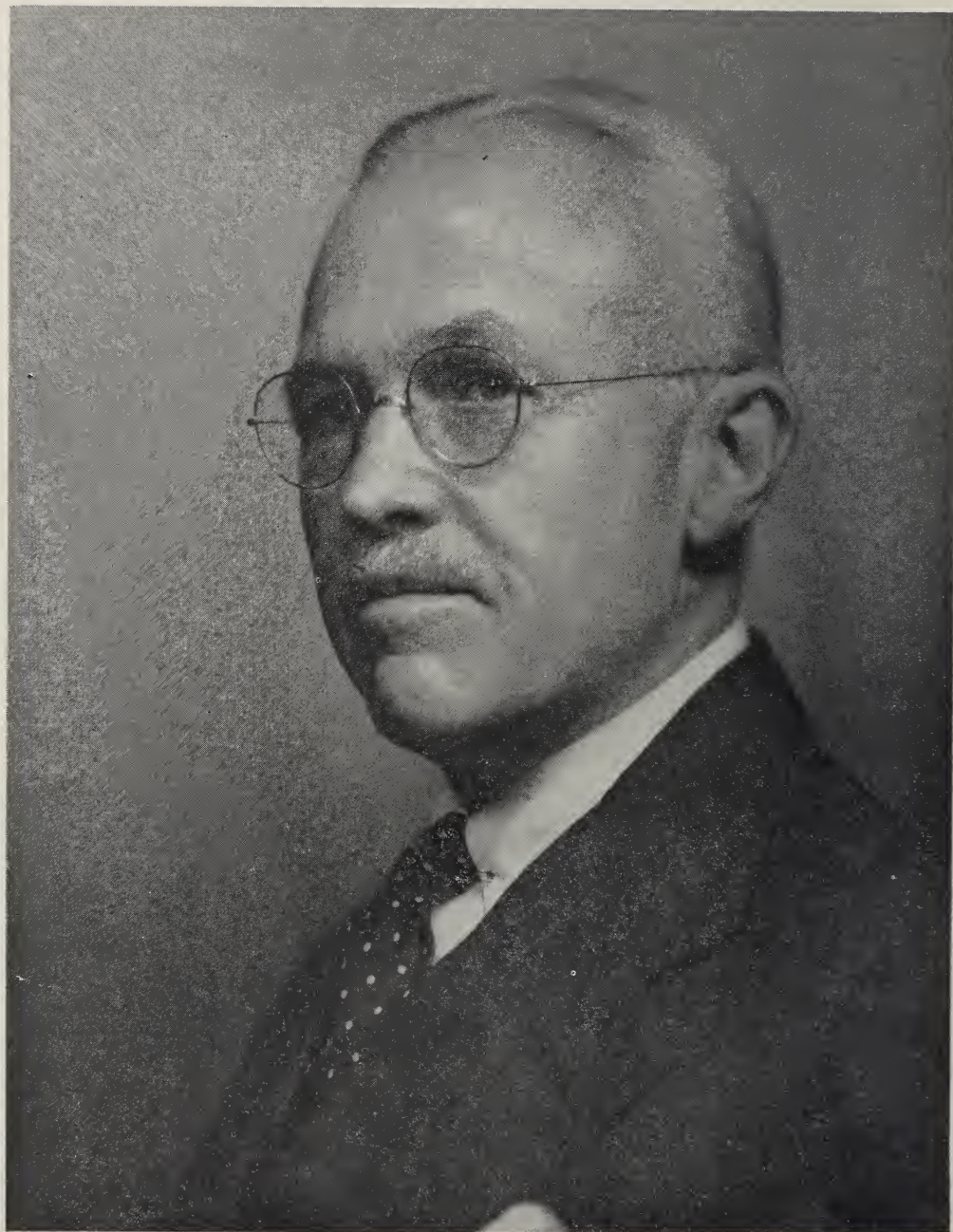
distance, with the thought of provoking a stimulating discussion.

In the evening the customary spring dinner and play will be held, following a joint cocktail party with the Wives of Aesculapius. This year the plans for the play include the revival of some of the better known songs from Aesculapian plays of the past along with other items of nostalgic interest.

If you have changed your address recently, be sure that you have notified the Alumni Office, 25 Shattuck Street, Boston 15, or you may miss out on final notices about the Aesculapian anniversary!

JOHN P. MERRILL, '42

Secretary



Fabian Bachrach

JAMES HOWARD MEANS
Jackson Professor of Clinical Medicine, *Emeritus*

Portrait

Work, play, love, and worship, the four arms of the cross on the cover of Richard Cabot's book, have been the major navigational aids in the life of James Howard Means, retired Jackson Professor of Clinical Medicine at Harvard Medical School. A New Englander born and bred with a rich strain of theology in his ancestry he derived a scientific bent from his father's interest in the then infant science of aeronautics. At fourteen he read, independently and with relish, Darwin's "Origin of Species," and at seventeen studied biology at the Massachusetts Institute of Technology under William T. Sedgwick, one of those deities whom a young man is lucky to encounter in his formative years.

After a Harvard education, AB and MD, both *cum laude*, and an internship at the Massachusetts General Hospital, he had, under David Edsall, the opportunity and the vision to break away from the established routine of an uptown office and become "full-time." The decade following Dr. Means' medical school graduation was an exciting one. Work on calorimetry at the Carnegie Laboratory, on blood flow with Krogh in Copenhagen, on blood gases with Bancroft in Cambridge, England, as Walcott Fellow at the Massachusetts General Hospital in which he was successor to Walter Palmer, '10, was punctuated by nineteen months overseas during World War I, where he cared for sick soldiers in Bordeaux and for dying civilians in England during the influenza epidemic in 1918.

In 1923 he was made Jackson Professor, and Chief of the Medical Service at the Massachusetts General Hospital, a position which he held for an unprecedented span of twenty-eight years. He states that since he was made Professor too early his participation in the various investigative accomplishments with which he has been associated has been only that of a "coenzyme." A modest analysis, but

if the phrase is apt, then a coenzyme was what was needed. For look at the record. Years of study and definition of the iodine reaction in Graves disease, the introduction of radio-iodine, the establishment of the Thyroid Clinic and the Research Ward and the development of the present Medical Residency System, to mention only those items nearest to him, are achievements of the first magnitude. Furthermore, he simultaneously husbanded the growth of the other great elements of the Massachusetts General Hospital Medical Service by "watering the plants and picking the weeds."

Books and papers have flowed from his pen. He has been President of the Association of American Physicians, the American College of Physicians, the Harvard Medical Alumni Association and active in innumerable other bodies many of which he has headed. To those who know him, however, these things somehow do not seem to be so much signal achievements as natural corollaries to the man and his life. More significant, he feels, has been his opportunity, or successful determination, to lead a balanced life. He has enjoyed his work, been able to regard his special interest (the thyroid) as a "medical hobby" rather than a specialty, been a leader in his Church activities, an enthusiastic and competent water colorist and more recently a writer in the Atlantic Monthly of "antipolitical" medical tracts. His warning to the young man is that he avoid the pitfall of setting for himself the objective of working hard for a few years and then retiring. In so doing he will be miserable for the first part of his life and then, when ready to retire, either sick or dead. Through perspicacity and forthrightness backed by high ideals and devotion Dr. Means leaves the Massachusetts General Hospital and the Harvard Medical School with his name and memory indelibly stamped on their walls.

The School of Dental Medicine



DR. ROY O. GREEP

Dental research is beginning to gain momentum, and in recent years significant contributions towards the understanding of the mechanisms of dental pathology have begun to appear. A number of these contributions have come from the Harvard School of Dental Medicine, where biochemists and other workers in basic biologic science have joined with clinical authorities both in research and in the training of dental students. The training—which includes the two pre-clinical years of the Medical School curriculum and two years of intensive study of dental pathology and practice—is aimed at creating a group of dentists who have had the best possible training in medical science.

Since 1947, this pioneering enterprise has been shaped by the leadership of Dr. James M. Dunning, D.D.S., M.P.H., an outstanding clinical dentist whose earlier career had included direction of the dental program of the Metropolitan Life Insurance Company. Under his direction, improved teaching

methods for undergraduate students of dentistry have been developed and outstanding students have been encouraged to embark on research work under the guidance of a well-rounded Faculty team. He has worked to assure the School of a steady flow of well-qualified applicants for its limited enrollment and has obtained the goodwill of the profession for a pioneering effort.

As his five-year term as Dean approached its end, Dr. Dunning communicated to President Conant his feeling that a transitional period in the development of the School had been successfully completed, and that, for the immediate future, there was much to be said for having a leading research man in the Dean's office. He expressed a wish to return to the practice of dentistry, which he gave up while serving in the administrative post and to devote more time to the teaching and study of dental public health.

As a result, President Conant has appointed Dr. Roy O. Greep, Professor of Dental Science, as Dean of the School of Dental Medicine, effective February 1st. Dr. Reidar F. Sognnaes, Associate Professor of Dental Medicine, will serve as Associate Dean of the School.

Both Dr. Greep and Dr. Sognnaes have made significant contributions to the study of dental problems—Dr. Greep, through studies of the hormones; and Dr. Sognnaes, through histochemical and radioactive studies of the dental structures.

Dr. Greep has been associated with the School of Dental Medicine since 1944. After taking his doctorate at the University of Wisconsin under Professor Frederick Hisaw (now Professor of Zoology at Harvard), he continued his research at Harvard and at the Squibb Institute for Medical Research until he joined the Harvard Faculty. In his teaching, he has been concerned with the training of dental students in experimental surgery, in biochemical instrumentation and in histochemistry.

Dr. Sognnaes, a native of Norway but now a citizen of the United States, has been associated with the School of Dental Medicine since 1945. He had served a dental internship at the Forsyth Dental Infirmary in Boston and held a Carnegie Dental Fellowship at the University of Rochester before World War II, returning to this country after wartime service as a dental officer in the Norwegian Royal Air Force. Dr. Sognnaes graduated from the Norway Dental School in 1926, and later received the D.M.D. degree from Harvard. His research activities have included leading the Dental Field Study of the Norwegian Scientific Expedition to Tristan da Cunha, in the South Atlantic, and a distinguished experimental contribution toward an understanding of the reduction of dental decay which had developed in Norway under the rigors of Nazi occupation. His radio-isotope studies of dental structure in collaboration with Dr. James H. Shaw of the Faculty have been recognized recently by the award of First Prize in the 11th Annual Prize Essay Contest of the Chicago Dental Society.

President Conant has asked Dr. Dunning to continue his association with the School as Lecturer on Public Health Dentistry.

In accepting Dr. Dunning's request that he not be considered as candidate for reappointment President Conant wrote:

"I do not want to let this occasion go without expressing to you deep appreciation of all you have done for the School of Dental Medicine . . . Like all pioneer ventures, the School of Dental Medicine has had to go through a series of successive stages of development. It was our good fortune to get a man with your background and understanding to be in charge during the last five critical years. I am sure that your successor will feel indebted to you for the fine foundations that you have left upon which he can build and that you will be of assistance to him by continuing your association with the School."

The structure of dental medicine at Harvard will grow along the lines of the first

pioneering decade, continuing to bring to the benefit of clinical dentistry all the research resources of the University through contact with research in the Medical School, the School of Public Health and the Faculty of Arts and Sciences. In addition, now that the development of the undergraduate teaching program has proceeded far enough to have reliable momentum, it is expected that effort will be given to affording additional training for teachers and investigators in dental science. The School hopes to create special opportunities for graduate students working toward advanced degrees in the basic sciences, for post-doctoral fellows and for teaching fellows who are headed in the direction of becoming teachers of the basic sciences in dental schools. The men trained for research at the School of Dental Medicine will be especially qualified to work in the dental area since they will get the training in a dental school amid active pursuit of dental problems.



DR. REIDAR F. SOGNNÆS

Honors



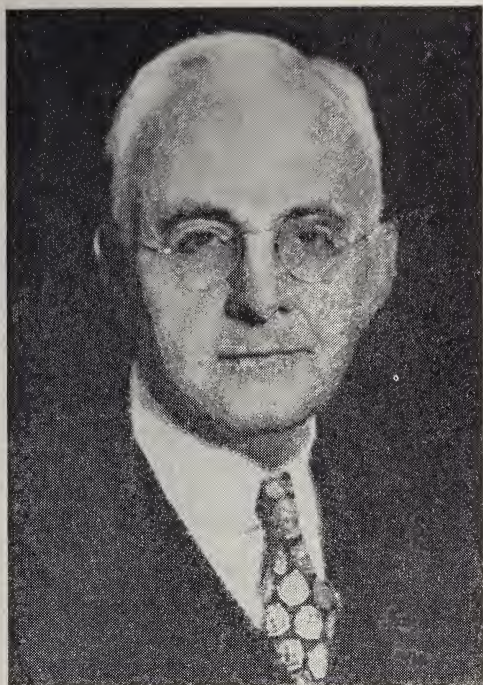
VARAZTAD H. KAZANJIAN, '21, received an honorary citation from the American Society of Plastic and Reconstructive Surgeons at the annual dinner of the Society, which took place at Colorado Springs on October 30. Dr. Kazanjian was presented with an engraved silver scroll which read in part: "... in recognition of his leadership in the organization and development of the specialty of plastic surgery and his outstanding scientific contributions to the advancement of its practice."

Dr. Robert H. Ivy of Philadelphia and Bradford Cannon, '33, of Boston spoke at the dinner, summarizing the outstanding contributions Dr. Kazanjian has made in a specialty that was comparatively new and undeveloped at the time of his graduation from the Harvard Dental School in 1905. Particular mention was made by both speakers of his brilliant pioneer work with war casualties during World War I, as dental chief with the first Harvard Unit in France. They felt it was entirely char-

acteristic of Dr. Kazanjian's modesty and singleness of purpose that, with his career as a dental surgeon already established, he should decide to enter the Harvard Medical School in 1919 to round out his training in his chosen field. Since his graduation he has established a position of leadership among plastic surgeons throughout the world. He is professor of plastic surgery, *emeritus*, at the Harvard Medical School and special lecturer on the Faculty of the Graduate School of Medicine at the University of Pennsylvania.

SAMUEL P. HICKS, associate in pathology at the New England Deaconess Hospital, Harvard Medical School, and also at the Pondville State Cancer Hospital, has received the first annual Max Weinstein Award for his experimental research in cerebral palsy. His work, which is concerned with the mechanisms of malformations in the developing nervous system, has given new impetus to the search for causes of cerebral palsy that may be active during gestation, in contrast to those that may be genetic or associated with the birth process.





WILLIAM G. LENNOX, '13, chief of the Seizure Division at Children's Medical Center, Boston, and associate professor of neurology at the Harvard Medical School, with his associate, Dr. Frederic A. Gibbs, has been named recipient of a joint Lasker Award for 1951 by the American Public Health Association. To quote from the citation: "These two investigators brought to the study of epilepsy an enthusiasm and sustained ability to put through a planned program of original research which has seldom been equalled in the study of a disease. Their work has opened a new era in the understanding of epilepsy. William G. Lennox did ten years of ground work in the clinical, metabolic, pharmacological and social aspects of epilepsy before the introduction of the electro-encephalograph brought to his hands in 1933 a new instrument for specific study of the dysrhythmias of the brain. His writings have refined the diagnosis and improved the treatment of epilepsy; they have made it understandable to physicians and laymen."

GEORGE W. THORN, physician-in-chief at Peter Bent Brigham Hospital, Boston, and Hersey Professor of the Theory and Practice of Physic at the Harvard Medical School, has received the Alvarenga Prize for 1951 from the College of Physicians, Philadelphia, for his outstanding contributions to "our knowledge of the role of the adrenal cortex in health and disease." The presentation was made on October 3 in Philadelphia where Dr. Thorn had been invited to deliver a lecture on "The Adrenals in Health and Disease."

The Alvarenga Prize was established by the will of Pedro Francisco DaCosta Alvarenga of Lisbon, Portugal, an associate Fellow of the College of Physicians.

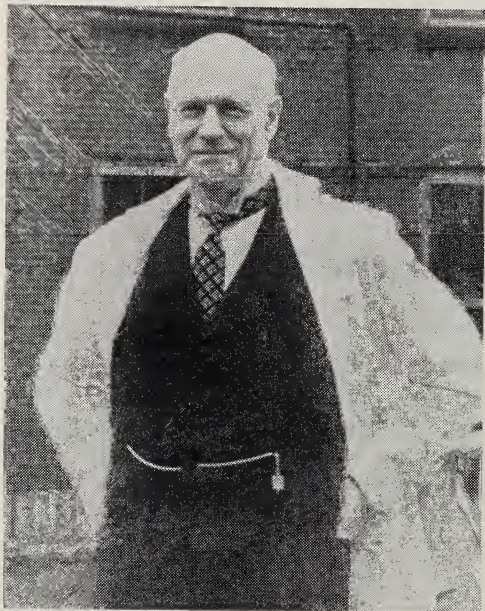
A few days later, on October 12, Dr. Thorn received the honorary degree of Doctor of Science from Temple University, Philadelphia, at ceremonies marking the fiftieth anniversary of the University's School of Medicine. On this occasion Dr. Thorn delivered an address entitled, "Medicine, Yesterday and Tomorrow."



Blackstone Studios, Inc., New York City

Henry Asbury Christian

1876 - 1951



Henry Asbury Christian died of acute coronary occlusion on August 24, 1951, in his seventy-sixth year. From 1900, when he received his M.D. degree at Johns Hopkins, until his death fifty-one years later, his impact on American medicine was profound. His enthusiasm in the pursuit of knowledge communicated itself alike to associates and students. His logical, lively approach to problems, his clinical astuteness, his preoccupation with the educational process, his scholarliness, his kindness and affection for people, combined to make him one of the master physicians of his time.

Thirty-one of the 37 years of his active association with the Harvard Medical School were served as Hersey Professor of the Theory and Practice of Physic, during which time he was also Physician-in-Chief of the Peter Bent Brigham Hospital. Only two years before his appointment in 1902 as instructor in pathology, he had received his M.D. degree at the Johns Hopkins University, where he had come under

the spell of the great teachers of that era: Osler, Welch, Mall, Halstead and Barker. With Franklin Mall, Christian published his first contribution to medical literature, a study of anomalous muscles of the neck.

Even prior to his medical student days, Dr. Christian had given evidence of unusual talent. At 16 he entered Randolph-Macon College in Virginia. He received the A.B. and A.M. degrees in 1895 at the age of 19, after having concurrently gained his first experience in teaching as instructor in English and French, and then as assistant in the laboratories of biology and chemistry. Thus, even before he entered the study of medicine he evinced the hallmarks "observe, record, tabulate, communicate" of a true student in the Oslerian tradition.

Shortly after graduation Christian moved to Boston to accept a position as assistant in pathology to Dr. Frank B. Mallory at the Boston City Hospital. Characteristic of his enjoyment of medicine were the "summer vacations" spent by Christian in Europe, one summer with Grawitz and Loeffler at the University of Greifswald and another with Krehl at the University of Tübingen. The experience with Mallory left an imprint discernible throughout Christian's life. More than 40 years later, in discussing the differential diagnosis of a patient's ailment, he would refer occasionally to the findings in a similar case observed during his apprenticeship with Dr. Mallory. A close, personal friendship developed which endured until Mallory died, and then was maintained with his sons.

Christian's accomplishments and his ability as a teacher led to his appointment as instructor in pathology at Harvard in 1902. In 1903, the degree of A.M. was awarded him. Christian served as visiting pathologist at the Boston City Hospital and assistant pathologist at the Children's Hospital until 1905, when he became instructor in the Theory and Practice of Physic and assistant in charge of teaching at the Massachusetts General Hospital.

Dr. Reginald Heber Fitz, then Hersey Professor of the Theory and Practice of Physic, had introduced as a fourth-year elective course the Clinical Clerkship in Medicine. This permitted placement of senior students in the wards of the hospital for continuous observation of patients for a month at a time. Until then, the student had been merely an onlooker. Dr. Christian, with his experience as a clinical clerk under Osler at Johns Hopkins Hospital, was given the immediate supervision of the students under the direction of Dr. Fitz, and made an important contribution toward the success of this educational venture, which to this day plays such a significant role in the teaching at the Harvard Medical School.

From 1907 to 1912, Dr. Christian was physician-in-chief to the Carney Hospital. In 1908, when only thirty-two years of age, he was appointed Hersey Professor of the Theory and Practice of Physic and Dean of the Harvard Medical School. Under his administration, an improved program of post-graduate instruction was initiated. Christian's previous training in chemistry and pathology led to many changes in instruction in these subjects. He was instrumental in bringing about a closer affiliation between the Harvard Medical School and the Children's Hospital, the Infants' Hospital, the Children's Department of the Boston Dispensary and the Free Hospital for Women.

During his long tenure of 29 years as Physician-in-Chief of the Peter Bent Brigham Hospital, a significant tradition was established. Study of the patient's illness was meticulous. Complete typewritten records of all observations were set up. The closest possible union between the wards and laboratories was fostered, and elaborate, fruitful programs of medical research were developed. Christian was the leader in directing the important scientific studies on dyspnoea, diseases of the kidneys, determination of renal function, the action of diuretics and diseases of the heart muscle. But throughout all these manifold

activities, attention was constantly focused on the care of the patient. Dr. Christian's influence manifested itself not only in the important and voluminous contributions of his department to medical knowledge but also in the training of his men, more than forty of whom hold professorships in medicine or allied subjects in medical schools in this country. His affection for "my boys" whom he trained pervaded his entire life. But it could vanish momentarily into nothingness when, on occasion, their work did not measure up to his own uncompromising standard of perfection. He, and indeed the subordinate as well, were at such moments consumed in the fire of his righteous indignation.

Throughout his life Dr. Christian was a moving force in the activities of the leading medical organizations of this country. He was one of the first seven associate members at the founding of the Association of American Physicians and a charter member of the American Association of Pathologists and Bacteriologists and of the American Society for Clinical Investigation. He was instrumental in launching the American Federation for Clinical Research, which to this day is referred to by some as the "Y.M.C.A.," i.e., the Young Men's *Christian* Association. Other offices which he held testify to his leadership and his broad interests. In 1919 he was Resident Chairman of the Division of Medical Sciences of the National Research Council and served for one year. He was Chairman of the Section on Pathology and Physiology of the American Medical Association, and also of the Section on the Practice of Medicine. He was a past President of the American Society for Clinical Investigation, of the Interstate Post-graduate Medical Association of North America, and of the Association of American Physicians. At the Centennial Session of the American Medical Association in June 1947, Dr. Christian received the citation and the Distinguished Service Medal. He was an honorary fellow of many foreign scientific and medical organizations. He received

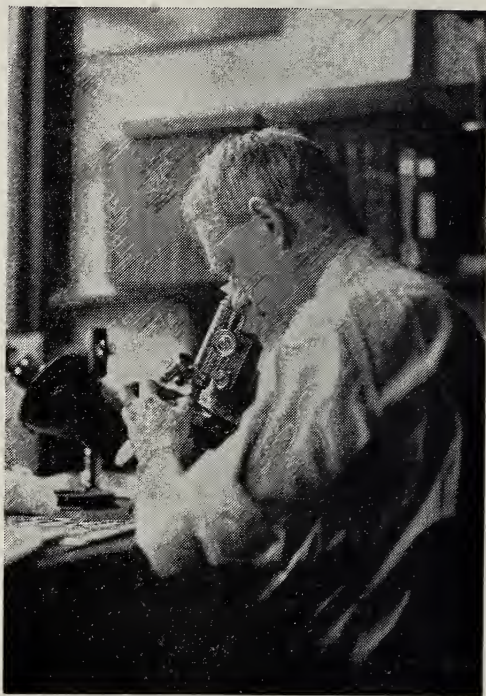
honorary degrees from Jefferson Medical College, Philadelphia; Randolph-Macon College, Ashland, Virginia; University of Michigan, Ann Arbor; Western Reserve University, Cleveland, and the University of Western Ontario in London, Ontario, Canada.

Following his retirement in 1939, when he became Hersey Professor of the Theory and Practice of Physic, *Emeritus*, Dr. Christian continued his active interest in medicine, but at a more leisurely pace. He continued to exemplify, to borrow one of his own quotations, "He who teaches and yet still learns." As editor for the Oxford University Press of "The Oxford Medicine" and "Oxford Monographs on Diagnosis and Treatment" and as author of the revised "Osler's Principles and Practice of Medicine," Christian devoted much of his time to medical writing. During World War II the shortage of physicians and teachers led him to consent to return to active teaching status at the Harvard Medical School and to conduct teaching ward rounds and conferences at the Beth Israel Hospital of Boston, where he served as visiting physician from 1942 to 1946. In 1943 he served as professor of clinical medicine at Tufts College Medical School in Boston. Throughout his last years and up to the time of his death, he contributed articles on medical education and cardiovascular disease, participated actively in the scientific meetings of national medical organizations and maintained a warm friendship with his numerous colleagues and pupils throughout the world. Thus, the autumn of his life was rich and colorful; and while his loss is deeply felt and mourned by his numerous friends and pupils, it is a solace to them that for him, vigorous in mind and body, winter never came.

HERRMAN L. BLUMGART, '26



Tracy Burr Mallory 1896-1951



Tracy Mallory's Harvard career began as a college student in 1914, after preparation at The Country Day School for Boys in Boston. Because of our entry into the first World War, he spent only three years at college and then entered the Medical School, from which he was graduated *magna cum laude* in 1921. Except for a six-month period in the Pathology Laboratory at the Boston City Hospital with his father and an eighteen-month internship at the Peter Bent Brigham Hospital with Dr. Christian, Tracy Mallory was in some way affiliated with Harvard University from 1914 until his death on November 11, 1951, thirty-seven years later. After his internship, he was an instructor in bacteriology for two years with Dr. Hans Zinnser; there is no doubt that this early training in an allied discipline contributed to his better understanding of disease processes. A Harvard Moseley Traveling Fellowship, working with pathologists in Aus-

tria and Germany, helped to prepare him for assuming his position as chief of the Pathology Department at the Massachusetts General Hospital in 1926. Appointments in the Pathology Department at the School began at this time, with an instructorship, and culminated with that of full professor in 1948, a post he held when he died.

Tracy Mallory loved to teach, not so much from the lecture platform, although his lectures were very well received by both students and instructors, but to small groups of students and residents. Students who were fortunate enough to take his fourth-year elective course will remember how many hours he spent with them going over microscopic slides and discussing all aspects of the condition in question. As long as he had a group of interested students—very often it might be only one student—he would pace the floor, puffing his cigarette, and reveal aspects of pathology and medicine in general that are not found in textbooks. His remarkable memory of things his father had told him, or what he might have overheard from his father's guests, always added an historical and more authentic flavor to these tales. His effectiveness as a teacher and consultant was so appreciated that each year since the end of the last war, he was appointed consultant to the Armed Forces Institute of Pathology and to the Veterans' Hospitals in the New England Area.

Many of the readers of the *Bulletin* will remember Tracy as editor of the famous Case Records of the Massachusetts General Hospital. The popularity of these clinico-pathological conferences and the favorable comment that they receive in all parts of the world are in great part due to the manner in which he conducted them. There was no fuss; the clinician was not made the goat; it was not a guessing game; it was a means of correlating the signs and symptoms with the anatomic findings—just a teaching exercise. Many times he was unable to give an answer, and he would be the first to admit that

the pathologist did not always have the final word. He foresaw that other methods might have to be used to establish a diagnosis or a cause of death. Unlike his father, who was interested in histological techniques, Tracy always emphasized the clinico-pathological correlation—one reason why clinicians often sought his aid. Although true to his profession in occasionally describing a specimen as "beautiful," he was much more interested in what the specimen had done or might do to the patient. In this sense he was truly a clinical pathologist. In 1951 he was awarded the Ward-Burdick Medal by the American Society of Clinical Pathologists.

Many at the Massachusetts General Hospital will remember him for the sound advice he gave them when they were in trouble or faced with difficult decisions pertaining to their futures. He listened to the story, never appeared hurried, spoke very little but always very much to the point. A few will remember him at the "Doctors' Rest." This was the haven of a group of temporary bachelors during the summer months when their families were away. Here of an evening, after a couple of cocktails, it would not be unusual to see Tracy pacing back and forth across the room, furiously smoking cigarettes and talking in a steady stream. It was difficult then to get a word in, but when one did, his face would light up and with a chuckle, the group would be off on an animated discussion of the affairs of the nation, perhaps of the world, almost never of medicine.

To those who knew Dr. Mallory only in medical circles, the combination of his pale complexion, silvery hair, gentle and mild manner, ascetic mien and whimsical smile might make them suppose that he was frail and anything but an athlete. They would be surprised to learn that he played tennis, squash and badminton superbly. While he was with the Army in Italy, it was largely due to his stimulus that tennis and badminton were organized in his unit; it has been reported that he had

few equals in both games. They might find it difficult to visualize him engaged in the rigorous three-mile hikes in full pack or doing the hundred-yard dash uphill wearing a gas mask. The back-breaking embarkation from Camp Shanks—where each man had to carry his entire equipment for nearly a half a mile to the boat—was probably the most strenuous single effort any man in the unit was called upon to do. Fellow officers, who respected his reputation and were alarmed by his outward appearance of frailty, were gently, but firmly dissuaded by Dr. Mallory from any attempts to lighten his load.

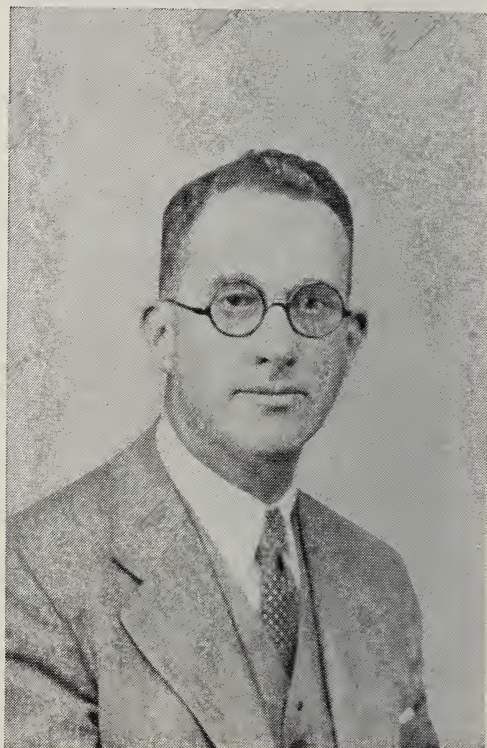
As chief consultant in pathology for the entire Mediterranean Theatre, he endeared himself to all pathologists and medical personnel. He was instrumental in organizing a team to study shock and conducted these studies with a mobile unit in forward station hospitals, often deep in snow. His works on epidemic hepatitis and lower nephron nephrosis are now classics. He deservedly was awarded the Legion of Merit.

He had always been interested in the American Association of Pathologists and Bacteriologists, an organization of which his father was one of the founders. For many years he was an assistant editor and later a member of the editorial board of its official publication, "The American Journal of Pathology." After having been a member of its Council for four years, he reached the goal to which every pathologist aspires by being elected President in 1950. In spite of the severe handicap of a left hemiplegia, he presided over the Spring 1951 Session in Cleveland with courage and fortitude that will remain an inspiration to all who viewed it.

Encomiums were numerous throughout his life, but Tracy Mallory will be best remembered as a most generous and lovable teacher, a thoughtful and careful scientist, a wise counselor, a charming raconteur—a stimulating companion and a staunch friend.

BENJAMIN CASTLEMAN, M.D.

John Michael Fallon
1901-1951



John Fallon was young when he died of coronary thrombosis at the age of 50 last June. But he had finished Holy Cross College at 18 and Harvard Medical School at 22. For the rest of his life he continued this pace as if always insatiably hungry for knowledge and impatient to give of himself to others. The Medical School, the Massachusetts Medical Society, the Worcester and Boston Medical Libraries, his college and his church shared this generous gift. His interest in general, urological, and gynecological surgery, in poetry, art, medical history and writing, medical photography, mountain climbing and skiing testify to his boundless versatility and energy. Unusually deep and wide was the influence of his personality.

The BULLETIN has received permission to publish the following letter written to

John's wife by his classmate Goodrich Schaufler:

"It seemed to me, somehow, that John had taken in and digested better than the rest of us, the totality and importance of our Medical School group. I can recall that in those days, he was a prime mover in every worthwhile class activity. Although he consistently—and cleverly, I may say—avoided offices and class honors, he was the moving spirit of most of our worthwhile undertakings. To characterize him in connection with the Medical School class is only to indicate that he has continued in this capacity in his total effect. In his quiet way he had a great deal to do with the organization of our reunions; again modestly and behind the scenes, he helped greatly with the building up for that magnificent feast of soul and spirit—our twenty-fifth reunion. It seemed to me that some questionable pies became good only after John's healthy finger started stirring about their middles. This, at least, I know to be the case in many of his later activities which have branched out from the Medical School group.

Meeting John about the country at various medical gatherings was always an acute pleasure and generally some sort of a definite stimulus. He was, as you know, always in the thick of a good fight. Nobody knows . . . how many of the forward looking movements in numberless different fields were fostered and abetted by John. If there can be a good interpretation to the term diplomat or politician, John's conduct could have translated it to decency. He had a certain felicity in such encounters. He was the healthiest possible influence in making the wheels turn cleanly within the wheels. The politicians and diplomats melted before his genial, honest and business-like approach. They were out-manuevered by his honesty, his lucidity, and the consistent decency of the ends he sought.

. . . John was a lusty man in the finest connotation of the term. He was one whom you met socially with all your guards down from the start. He was utterly lacking in the mean personal critique which characterizes the outlook of so many. He was so generous and affectionate in his attitude as to be completely disarming . . ."



ROCKY MOUNTAIN HARVARD MEDICAL SCHOOL ALUMNI ASSOCIATION

William B. Castle, '21, director of the Thorndike Memorial Laboratory and professor of medicine in the Harvard Medical School, gave the fourth annual Harvard Lecture at the University of Colorado Medical Center, Denver, on Friday afternoon, November 9, 1951. In so doing he furthered our hopes that the medical students at the University of Colorado will, when the frost is on the pumpkin, turn their thoughts as naturally to the Harvard Lecture each autumn as to Thanksgiving or their favorite football game.

This year letters went out to 164 alumni in nine states: Colorado (most numerous with 49), Utah, Nebraska, Kansas, Arizona, New Mexico, Wyoming, Idaho and Montana. Responses came from 42%; slightly over 15% of the total were in attendance at the dinner—and this despite the fact that our dates were in conflict with those of the American College of Surgeons then meeting in Los Angeles. So here is a nucleus that we hope can achieve increasing significance to the School over the years to come, as well as maintain an annual Lectureship of the first quality.

The Harvard Lecture was given, as last year, at five in the afternoon in the Denison Auditorium. Before the Lecture the Faculty of the Department of Medicine of the University of Colorado gave a tea for Dr. Castle, at which everyone drank coffee and not a cup of tea was seen. Whether this event was pleasant or painful for the guest of honor, I do not know; but I am sure it was most agreeable for all others in attendance. Here members of the full-time and part-time clinical Faculty had their best opportunity for informal discussion with Dr. Castle at the sugar and cream level.

"Red Cell Destruction in Hemolytic Anemias" was the title of the Lecture this year. Dr. Castle gave, as expected, an illuminating and scholarly presentation of his

subject. Not only did he present the important contributions of his own group at the Thorndike, but he also tied in the work of those in other laboratories in a very instructive fashion.

A dinner was given in Dr. Castle's honor following the Lecture. As in other years, it took place at the University Club (after fitting lubrication), with attendance restricted to Harvard Medical School alumni. All seemed to have a good time together in a most informal fashion. After the dinner Dr. Castle spoke briefly about some of the major problems connected with the School, most of which was news to most of us. At the dinner we ate (in dollars) more than we drank—but not much more. When the bill came in, the total amount proved to be just forty cents below our total assets! This credit balance was reached by chance and pure good fortune. Through the Providence that watches over alumni organizations such

as ours, we have never been in the red; but at this dinner, just one more cocktail would have precipitated us into that unwelcome spot.

On Saturday morning, November 10, Dr. Castle gave a clinic (as Dr. Means did last year) at the Denver General Hospital. This made for a pleasant change of pace and proved a very rewarding exercise for all those who attended.

Dr. Castle has earned the gratitude of our Rocky Mountain alumni group in upholding the worth and enhancing the prestige of this notable series of Harvard Lectures. The previous Lecturers have been: Fuller Albright, '24, (1948), Marius N. Smith-Petersen, '14, (1949), and J. Howard Means, '11, (1950). We hope to welcome our fifth in 1952.

IRA DIXSON, '28

To the Editor:

The warmth of the reception recently given this alumnus by the Rocky Mountain Harvard



ROCKY MOUNTAIN HARVARD MEDICAL ALUMNI ASSOCIATION
Denver, November 9, 1951

Front row, left to right: Edward N. Chapman, '21, William C. D. Millhoff, '18, Thomas D. Cunningham, '17, William B. Castle, '21, Alfred H. Washburn, '21, Leo W. Bortec, '10
Seated, left to right: George B. Packard, '14, Harry W. Woodward, '15, Roger S. Whitney, '32, F. Henry Reynolds, '32, Robert K. Brown, '37, George A. Filmer, '35, J. Lawrence Campbell, '33, Raymond J. Savage, '26, Daniel R. Higbee, '23, Merrill C. Jobe, '24
Back row, left to right: Thomas H. Coleman, '44, Edwin W. Peterson, '43-B, Carl H. McLauthlin, '41, Reginald H. Fitz, '45, Ira Dixson, '28, Daniel H. Buchanan, Jr., '41, Frederick H. Brandenburg, '43-A, George D. Wilcox, '46, Edward S. Miller, '40, Duane H. Mitchel, '43-A

Medical School Alumni Association in Denver and the pleasure of the visit so made possible prompts the writing of a few words about the occasion. This included the privilege of giving the scheduled Lecture and clinic and the enjoyment of attending a dinner as the guest of the Association. In addition, during my three-day visit I had the opportunity for informal adherence to ward visits, conferences and teaching rounds conducted by Dr. Gordon Meiklejohn and his associates. Dr. Meiklejohn is, of course, the recently appointed professor of medicine at the Medical School of the University of Colorado, whose distinguished work in virus research is well known and whose fine personal contribution to the education of medical students is only beginning.

In these engagements, formal and otherwise, my guide, philosopher and friend was Ira Dixon, '28. We both recall with pride the cultural experience of learning physiology together in 1924—he as student, I as instructor in Dr. Cannon's department. He more than anyone else is responsible for the establishment of this very active division of the Harvard medical alumni. The vast territory inhabited by this friendly tribe (may their race increase!) extends from the Missouri River to the Pacific Ocean. It was delightful to be in company with a number of them at dinner. There I met for the first time several Harvard medical alumni, including Thomas D. Cunningham, '17, president of the Rocky Mountain Association. Classmates in '21, Edward N. Chapman, in practice in Colorado Springs, and Alfred H. Washburn, director of the Child Research Council at the Medical School in Denver, were also on hand, as well as Merrill C. Jobe, '24, and Roger S. Whitney, '32, whom I knew as house officers at the Boston City Hospital. Reginald H. Fitz, '45, another dinner companion, is in charge of medical teaching arrangements at the Denver General Hospital, where he organized in admirable fashion the clinic that I gave by invitation.

In writing this I have recalled with pleasure the events of my all-too-short stay in Denver. When the sun comes up in Denver its first light illuminates the line of great snow-peaks to the west of the city. Perhaps this is an invitation to its residents to be up and stirring. At any rate the organization of the Rocky Mountain Harvard Medical School Alumni Association indicates a very real accomplishment by a group of men who are devoted to a good cause. At a time when the interest of its graduates in the Harvard Medical School is perhaps more needed than ever before, we other alumni can look up, in more than one sense, to those who gather in Denver at an elevation of a mile above sea level.

WILLIAM B. CASTLE, '21

HARVARD MEDICAL SOCIETY OF NEW YORK

The Harvard Medical Society of New York met at the Harvard Club on Thursday evening, October 25, 1951. One hundred members and guests from the New York-New Jersey area attended. Thomas H. Lanman, '16, Director of Alumni Relations, was present and described some of the functions of his new office. Irving L. Cabot, '20, president, presided.

All signs indicated that everyone had an enjoyable evening especially enlivened by Dr. Perrin H. Long's very diverting and informative talk entitled: "Observations on the British Health Scheme."

The next meeting of the Society will be on Thursday evening, March 27, 1952.

KENNETH W. THOMPSON, '29
Secretary-Treasurer

SAN FRANCISCO DINNER

At the recent convention of the American College of Surgeons, held in San Francisco, a highly successful gathering of Harvard Medical School alumni took place. On Tuesday, November 6, 76 men turned out for an informal dinner. A local committee of J. Minton Meherin, '22, and John L. Wilson, '39, had reserved the Red Room at the Bohemian Club.

Thomas H. Lanman, '16, Director of Alumni Relations, spoke extemporaneously about the Alumni Association's plans to bring the School and its graduates closer together and about the encouraging initial response which the Association's new program for annual giving has drawn. He observed that the evening's social gathering was exactly the kind of affair his office was pleased to help organize. After the dinner most of the participants lingered for an hour or so of visiting. The reunion was all the more popular and well-timed in that it was Election Day in San Francisco!

Dunham Lectures

E. B. Verney, Professor of Pharmacology at the University of Cambridge, England, gave the annual Dunham Lectures at the Medical School, discussing the excretion of water by the kidney with special reference to its neurohypophysial control.

The three Lectures, presented on October 30, November 1 and November 6, covered the following areas: "Glomerular function and the fate of the filtrate water"; "Specific excretion of water and the factors which affect it"; "Osmotic control of the release of antidiuretic hormone." The material covered in the Lectures represented, in part, a summation of thirty years of experimental work on the neurohypophysial control of kidney water excretion. This work, mainly on dogs, has helped to clarify the subtle and elegant system which the animal has at its disposal for helping to preserve the optimum state of the internal environment.

Professor Verney pointed out that demonstration of the release of posterior pituitary antidiuretic substance by emotional stress in the living animal suggested that the release might be physiologically controlled through some factor in the animal's internal environment. It was of interest, therefore, to determine the effects of a rise in the osmotic pressure of the arterial blood. This was done by injections and infusions of osmotically active substances (such as sodium chloride and sucrose). It was found that such an increase did indeed release antidiuretic substance from the pituitary. The pituitary "osmoreceptors" have been shown to be in the cerebral vascular bed normally supplied by the internal carotid artery.

The release of post-pituitary antidiuretic substance was found to be extremely sensi-

tive to osmotic pressure changes, increases within the range and of the order of one per cent only in the osmotic pressure of the arterial blood leading to changes in the output of water by the kidney within the range and of the order of one thousand per cent.

That this is a delicate and dynamic system is illustrated by the fact that an increase in water intake inhibits the antidiuretic hormone output and, conversely, an abnormally low water intake is accompanied by an increase in antidiuretic hormone output, providing the animal with an important system for helping to preserve the optimum state of the internal environment.

These studies have led Professor Verney and his colleagues to a search for the ultimate controlling structures in this system and they are currently exploring the anterior hypothalamus for structures that would respond to osmotic pressure changes.

Professor Verney is a native of England and attended Cambridge University. He began his medical career in 1918 as Regimental Medical Officer in the Royal Army Medical Corps. He joined the Faculty of University College, London, in 1921 and became Professor of Pharmacology in 1926. He has been on the Cambridge Faculty since 1934.

The Dunham Lectureship for the Promotion of the Medical Sciences was founded in 1923 in memory of Dr. Edward K. Dunham, '86. The talks are designed to bind closer "the bonds of fellowship and understanding between students and investigators in this and foreign countries." Dunham lecturers have come from ten foreign countries as well as the United States.

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 Boston 15, Massachusetts

The Stethescope



This is the period of the year when, if ever, the School sails on an even keel. The first year students have become used to medical school ways. The second and third year students go about their business with a fair degree of serenity. The fourth year students eagerly await the results of the Uniform Intern Placement Plan. The Faculty members teach, investigate, and attend medical meetings in various parts of the country as they always have.—The Committee on Admission of Students, on the other hand, is under pressure. Already

1327 applications to next year's first class have been received and close to 500 of those applying have been interviewed at the School. Until one has served as a member of this Committee he cannot appreciate the difficulties encountered in the wise selection of a class from the kind of young people who apply here. Scholars, athletes, Harvard Medical School sons, sons of other doctors, sons of rich men, poor men, lawyers, teachers, ministers, boys with *Phi Beta Kappa* keys, boys with club ties, boys gifted with good manners and looks and boys without them, boys who wish to try medicine for want of anything better to do and boys who by virtue of character alone seem eminently suited for medicine are all represented. In the days when there were only two or three applicants for each place, their selection seemed complicated, but now their choice keeps a large staff continuously occupied for many weeks. And since candidates not offered places so greatly outnumber those who are chosen, more unhappiness than happiness develops from the Committee's deliberations and more criticism than praise. Yet the end result is almost certain to prove satisfying: an exciting mixture of capable students gifted with varying and surprising talents who end up competent doctors wherever they settle, and oftener than not add lustre to the School's reputation.—1951 ended happily. About fifty students and their wives attended the Dean's Christmas party in the Faculty Room. There was a noble tree, Christmas carols and a bowl of rum punch blended with all the artistry at Miss Murphy's disposal. The Dean duly celebrated The Happy Observance of the Winding of the Clock and started Dr. Waterhouse's year-running time-piece on another annual tour of duty. And the Alumni, God bless them one and all, appear to be taking a greater interest in the School's affairs than ever before. At least Tom Lanman, HMS 1916, thinks so and comes to the Alumni Office each day like Mrs. Fezziwig, a vast substantial smile, which augurs well for the New Year.

Correspondence

Note: In response to a request to write us in more detail about his experiences in Moscow, Ralph E. Fielding, '28, has submitted the following interesting report:

To the Editor:

The most interesting and unusual tour of duty since I have been in the Navy was my duty as Medical Officer of the American Embassy, Moscow, U. S. S. R. I volunteered to go when it was learned that my wife could also go and work at the Embassy.

The first thing one finds which is so different from our way of living is the presence of one or two military police stationed at the entrance to each Embassy or Legation, around the clock, around the year. Russians not employed in a Legation or Embassy cannot go into such a building. Furthermore, foreigners cannot go into Russian homes.

Our Embassy is across from the Kremlin. The parades of May 1 and November 7 form or march past on their way to Red Square. A large number from the diplomatic colony are guests of Americans on those two days.

It was my privilege to serve under Ambassador Kirk and to give dispensary treatment to all Americans, as well as to diplomats of thirty-four other nations. Diplomats from the iron-curtain countries did not come to my office, nor did they go to see the British doctor.

There is a polyclinic for the diplomatic corps. When it was necessary to hospitalize a patient in Moscow, arrangements were made by the Director of this polyclinic. Fortunately he spoke English, for my knowledge of the Russian language was limited to that necessary to talk with my chauffeur and our maid.

Foreign diplomats are conducted through a museum within the Kremlin walls. One may go, after written request, to the home of Tolstoy, Tschaikevsky or the former seat of the Orthodox Church, each within driving distance of Moscow. I also was privileged to take a trip to Odessa with one of our First Secretaries. We went via Kharkov, where we stayed four days.

As you probably know, the ballets in Moscow are superb. Another good feature of Moscow is their subway system. The first subway was constructed by a British company.

The first three doctors who served at our Embassy, during the years 1935 to 1941, were

from the U. S. Public Health Service. Since then, Navy doctors and Navy dentists have been assigned.

Statistics regarding the incidence of communicable diseases in Moscow are not made available to the public. Results of analyses of milk and water also are not published. Many things about the practice of medicine which were noted are classified information and I am not permitted to write about them.

We enjoyed our two years and one month in Russia very much, but naturally New York City never looked so good to us as when we saw it upon our return to the U. S. A. in April 1951.

We adopted two Viennese orphans on our way home, and since arriving in Seattle have another child, born on May 13.

RALPH E. FIELDING, '28

A LETTER FROM PERU

To the Editor:

It is with a great deal of interest that I read my BULLETIN because it keeps me informed of everything that happens in the School. I think that the alumni should write more often to keep the rest of their classmates informed. I also think it would be of interest to have a section on the Faculty members in order for us to know what they are doing and where they are.

As far as I am concerned, after my two years at the Massachusetts Memorial Hospitals, I got my wings in the Navy as a flying surgeon. After that, I came down to Peru and now I am a member of the staff of the British American Hospital, working here full-time in internal medicine. I have just been appointed president of the Harvard Club of Peru.

GUILLERMO GARRIDO-LECCA, '43-B

FROM A RETIRED GRADUATE OF THE NINETIES

To the Director of Alumni Relations:

I am enclosing a check for \$500.00 to be applied to "present School needs." This sum may be used in 1952 or may be considered as an annual gift of \$100.00 each for five years. The balance of my bequest when granted is to be applied to the HMAA Endowment Fund.

Book Reviews

ELECTROENCEPHALOGRAPHY IN CLINICAL PRACTICE. By Robert S. Schwab, M.D., 195 pages. Philadelphia: W. B. Saunders Company, 1951. Price, \$6.50.

Robert S. Schwab, director of the Brain-wave Laboratory of the Massachusetts General Hospital, has written an excellent introduction to current electroencephalographic practice in this primer "intended for neurologists, internists, psychiatrists and neurosurgeons." The author denies that it is a reference, textbook, manual or atlas, yet it has desirable features of all four.

At one long or two shorter sittings the reader can make sound first acquaintance with EEG technique, interpretation, clinical application, limitations and the operation of an EEG laboratory. There is an intriguing historical note explaining why electroencephalography was not discovered by a Harvard medical student. The recording of the brain's electrical activity as a laboratory aid to clinical judgment rather than a substitute for it, is clearly defined. Chapters on "The Normal and Abnormal Electroencephalogram" and on "Technique" are excellent, reflecting the author's twelve years of experience with the method. The illustrations, so important in a book of this kind, are intelligently chosen and carefully reproduced.

A book of this type, to remain handy in size, must of necessity often deal in generalities. It is not intended to serve as a source book for clinical-electroencephalographic correlation. Sound clinical-pathological-electroencephalographic correlations will result only from long individual experience and willingness to determine carefully pre- and postmortem findings. Dr. Schwab has not hesitated to express his own opinions, but neither has he failed to outline fairly the views of others in this yet unfolding and versatile laboratory technique.

Not all will agree that "Tridione (is a) specific against the wave and spike discharge of petit mal" (page 97); nor that the presence of slow wave activity in an EEG in behavior disorders "suggests the use of a drug such as benzedrine or phenobarbital" (page 139). Several charts (Figures 28, 103-105) are interesting but complicated.

These are trifling criticisms of a book which is to be highly recommended for purchase and frequent use. Indeed, no other presently available volume on the subject so happily combines its simplicity, authority and convenience.

C. WESLEY WATSON, M.D.

AN ATLAS OF NORMAL RADIOGRAPHIC ANATOMY. By Isadore Meschan, M.A., M.D., 593 pages. Philadelphia and London: W. B. Saunders Company, 1951. Price, \$15.00.

Until this time, the radiologic literature has seriously lacked a volume devoted entirely to the subject of normal anatomy and its variants. It is only too apparent that before interpreting the abnormal, the aspirant to radiology must first be aware of the normal appearance of body areas on the radiograph. The tremendous task of representing the normal findings is accomplished in the 593 pages of this book without repetition or lack of clarity.

Organ structure and appearance on the radiograph often differ from that on the anatomist's table, particularly with respect to the lungs, heart and the G.I. tract. The variations in size, shape and position are frequent and need to be recognized. Few details have been spared in describing these variations clearly, with liberal use of line drawings and exemplary roentgenograms. The reproduction of x-ray films is always difficult, but by and large the representative films are good.

Before embarking upon the main context, the basic background elements of x-ray production and image formation are discussed, amply augmented by diagrams. There follows the chapterwise coverage of the skeletal system, the skull, the respiratory system, the mediastinum, the cardiovascular system, the gastro-intestinal and the genito-urinary systems. The sections devoted to the intracranial contents and the methods of their examination are excellent. Ventriculography and cerebral angiography are well illustrated for clarity. The heart and great vessels are presented with due stress upon fluoroscopic findings.

With each radiographic example there is an accompanying line drawing, liberally labelled. The authors are to be commended for the 362 figures and 1044 illustrations. Under each body section to be discussed, there is a diagram of the position of that part during examination. Newer techniques of roentgen examination are included, some being: angiocardiology, perirenal air insufflation and hepato-licnography. Such valuable aids as the Vastine-Kinney pineal localizer charts, fetal age graphs and sesamoid diagrams are included.

The author has indeed presented a volume long needed by radiologists and students for a crystallized source of sound anatomic understanding.

ROBERT H. REID, M.D.

LANE MEDICAL LECTURES: COMPANIONSHIP OF WATER AND ELECTROLYTES IN THE ORGANIZATION OF BODY FLUIDS. By James L. Gamble, M.D., 90 pages, 42 figures. Stanford, California: Stanford University Press, 1951. Price, \$2.50.

Dr. Gamble has written with clarity and understanding a concise "attempt to portray several of the larger features of the organization of the body fluids." The substance of this monograph is four lectures delivered in 1949 at the Stanford University School of Medicine. The perspective they afford of this rapidly expanding field of medical science is to be welcomed. While considerations of length have necessarily prohibited detailed exposition, we are amply recompensed by an excellent integration of the general physiology and clinical pathology of the subject.

The essential physico-chemical features of the body fluids are described in the first two chapters. Not only are the statics of acid-base, osmotic and water balance lucidly (and occasionally, whimsically) presented, but the normal transient variations and dynamic alterations under conditions of stress and disease are discussed, permitting a more penetrating insight into the complexity of the subject. Needless to say, much of this complexity dissolves before Dr. Gamble's abundant provision of charts and diagrams. Examples of balance analysis in infants subjected to large loads of electrolytes are included together with the basic arithmetic involved in interpreting observed data. Special stress is given to the importance of factors other than simple intake and urine and stool outgo. Without adequate consideration of normal daily variations in balance and normal extra-renal loss of both water and electrolytes, completely implausible conclusions are unavoidable. Together, these two lectures constitute an excellent statement of the essentials of accurate water and electrolyte balance studies.

With this basic structure of the body fluids established, Lecture 3 proceeds to examine the alterations imposed by the more common processes of dehydration. The patterns of fluid loss in fasting and thirsting are differentiated and interpretation made of the stress imposed by excessive extra-renal loss both insensibly and in gastrointestinal disturbances. Much of this lecture is derived from studies on the life-raft ration made by the author and Allan M. Butler, '26, but the minimum physiological water requirements for both infants and adults are defined.

The final lecture serves to integrate the preceding material and demonstrate the rationale of parenteral fluid therapy. Emphasis is placed

on glucose because of its capacity when given in relatively small amounts to prevent completely the ketosis of fasting, halve the consumption of protein and, for some inexplicable reason, reduce the daily expenditure of sodium. Concomitant savings in intra- and extra-cellular water accompany these gains. The physiological requirement in therapy, consisting of glucose and water in amounts necessary to maintain the normal individual in water balance, is clearly distinguished from the water and electrolyte provisions used in repair of pathological states.

Dr. Gamble has recognized that "the ultimate objective of a large part of medical science is defense of the functional integrity of the extra-cellular fluid against the obstacles imposed by disease." Certainly, the systematic development of that science is furthered by monographs such as this, in which clear distinction is made between fact and assumption, the logically consistent and the unexplained or unexplainable. It is the only approach which will eventually rend the "gossamer curtain" of the cell membrane, to reveal the basic mechanisms of cellular physiology.

ALVIN KAHN, '53

MALLORY MEMORIAL FUND

The trustees of the Massachusetts General Hospital have voted "to establish a special fund to be known as The Tracy Burr Mallory Memorial Fund, to be used for some suitable memorial in the new Pathology Building."

Contributions to this fund may be sent to the Treasurer, Massachusetts General Hospital, 45 Milk Street, Boston 9.

VANDERBILT HALL LIBRARY

The Oliver Wendell Holmes Library in Vanderbilt Hall welcomes contributions of non-technical books and long-playing records. Light reading material and classical records are particularly in demand. Such gifts should be sent to the O. W. Holmes Library, Vanderbilt Hall, Boston 15, Massachusetts.

